Name in Full: Sarah Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Wetipquin Md; County: Wicomico

Date of death 1904: Month: May; Day: 7th

Age: Years: 18; Months: 3; Days: 17

Sex: Colored

Color or Race:

Birthplace: Snow Hill Md

Occupation: Laundry work

Where Residing if not at place of death: at Wetipquin

Married, Single or Widowed: Married

Name of Husband: Savage Brown

Father's Name: John Airys

Father's Birthplace: Snow Hill Md

Mother's Maiden Name: Leah Daffiel

Mother's Birthplace: Wetipquin Md

Name of person giving information: that she died from being sick

How related to deceased: sick nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: (1)

How long:

Immediate: Enteric fever

How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A M Southerland

Address: Wetipquin Md

Accident or Suicide?

LIBRARY BUREAU A805,6

Name in Full: Infant of James Bounds

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Siloam — County: Wicomico

Date of death: 1904 — Month: May — Day: 3 — Age: Years — Months — Days: 21

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Jas A. Bounds — Father's Birthplace: Maryland

Mother's Maiden Name: Matilda Malone — Mother's Birthplace: Maryland

Name of person giving Information: William Bounds — How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imperforate anus opening into bladder — How long: Life time

Immediate: Infection of bladder & kidney — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C. Pollitt

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Sarah Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Welshpoint — County: Nicholas

Date of death 1904: Month: May — Day: 7th

Age: Years: 18 — Months: 3 — Days: 17

Sex: Colored — Color or Race:

Birthplace: Snowhill

Occupation: Laundry Work

Where Residing if not at place of death: Welshpoint

Married, Single or Widowed: Married

Name of Wife or Husband: George Brown

Father's Name: John Gerry

Father's Birthplace: Snow Hill

Mother's Maiden Name: Sarah Pashiell

Mother's Birthplace: Welshpoint

Name of person giving Information: That she died from being sick

How related to deceased: Sick nearly 2 mos.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Enteric Fever

How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. W. Tarkford.

Address: White Haven Md.

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Florence Burbage

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: May — Day: 19

Age — Years: 1 — Months: 11 — Days: 23

Sex: Female — Color or Race: Black

Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Georg L Burbage — Father's Birthplace: Md

Mother's Maiden Name: Anne Tadvine — Mother's Birthplace: Md

Name of person giving In formation: Jane Burbage — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrh or Bronchitis — How long: Several weeks

Immediate: Inanition — How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name In Full

Certificate of Death

John Gale

Died at Town Quantico County Wicomico MARYLAND

Date 1904 Month May Day 27 | Age Y. 2 M. 0 D. 0 | Native of Quantico District | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife Son Chas Gale colored

Father's Name Chas Gale Mother's Maiden Name Nicie Gale col

Cause of Death: Primary Pneumonia (93) | How long sick 2 months

Immediate | ~~Accident~~, Suicide, Homicide

Reported by Wm H H Dashiell

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town — County

Date of death — Month — Day 16 — Age — Years — Months — Days

Sex — Color or Race — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Dora Jones

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CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spanishcoke — County: Wicomico

Date of death 1904 — Month: May — Day: 20 — Age — Years: 19 — Months: 5 — Days: 9

Sex: Female — Color or Race: colrd — Birthplace: Spanishcoke

Occupation: Married — Where Residing if not at place of death: Spanishcoke

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Mitchell Jones — Father's Birthplace: Spanishcoke

Mother's Maiden Name: Elisabeth Conway — Mother's Birthplace:

Name of person giving In formation: Julius Jones — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 6 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Harry Gill

Address: Pauksville Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Rosa Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hauticoke — County: Wicomico

Date of death 1904 — Month: May. — Day: 28

Age — Years: 19. — Months: 5 — Days: 8

Sex: Female

Color or Race: Colored

Birthplace: Hauticoke

Occupation: Mariner

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Mitchell

Father's Birthplace: Hauticoke

Mother's Maiden Name: Elizibeth Conway.

Mother's Birthplace: "

Name of person giving Information: Julius Jones.

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 6 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Harry Pully

Address: Hauticoke Md.

Accident or Suicide?

LIBRARY BUREAU A63816

Name in Full: Sallie M. Parsons

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pikesville — County: Mcmican

Date of death 1904 — Month: 5 — Day: 26 — Age — Years: 87 — Months: 11 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, ~~Single~~ or Widowed — Occupation: on farm

Name of Wife or Husband: Peter T. Parsons

Father's Name: Lewen Walston — Father's Birthplace: Maryland

Mother's Maiden Name: Sallie B. Watkins — Mother's Birthplace: Maryland

Name of person giving information: Osmond B. Parsons — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L Hellings

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A28518

Name in Full: Matthew Parris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: May — Day: 15 — Years: 64 — Months: 2 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Del

Occupation: Miller — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married — Name of ~~Wife~~ or Husband: Emilina Parris

Father's Name: Richard Parris — Father's Birthplace: Del

Mother's Maiden Name: Hannah Donaby — Mother's Birthplace: Del

Name of person giving Information: Emilina Parris — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma & Heart trouble — How long: 2 years

Immediate: Heart disease — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gardenia Strong M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU ADDIS

Name in Full: Bertha Chanton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: May; Day: 13

Age: Years: 9; Months: 11; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: James Chanton

Father's Birthplace: Md

Mother's Maiden Name: Mary Sirman

Mother's Birthplace: Md

Name of person giving In formation: 105

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis

How long: 1 week

Immediate: Exhaustion

How long: Few hours

Are the name, age, sex, color, date and place correctly given above? So far as Known

Signature of Physician: J. McCredie

Address: Salisbury, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Wm McKenzie

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: May — Day: 7 — Age: Years 83 — Months 2 — Days 13

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Nancy

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William — Father's Birthplace: Md

Mother's Maiden Name: Susan Mayhew — Mother's Birthplace: Md

Name of person giving Information: Eugene Mc Kenzie 79 — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency — How long: 2 yrs 5 mo

Immediate: Gastric insufficiency with uremia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Black

Address: Salisbury Md

~~Accident or Suicide?~~

LIBRARY BUREAU A83816

Name in Full: Mary Twilley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: May — Day: 4 — Years: Age 86 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: Housewife — Where Residing if not at place of death: Wicomico Co.

Married, Single or Widowed: Widow — ~~Name of Wife~~ or Husband: Wm. Twilley

Father's Name: Mary A. White — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Frader — Mother's Birthplace: Maryland

Name of person giving Information: Wm Frader — How related to deceased: ✓

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suddenly — How long: Not at all

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? I think So.

Signature of Physician: J. M. Plemons

Address: Salisbury Md.

Accident or Suicide? No

LIBRARY BUREAU ASSTD

Name in Full: Sarah A West

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: May; Day: 6; 1904

Age: Years: 48; Months; Days

Sex: Female

Color or Race: W Sw G

Birthplace: Del

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Husband: Eli West

Father's Name: Stephen Carey

Father's Birthplace: Del

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Wm H Workman

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of womb — How long: 18 Months

Immediate: Heart failure — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gardner Stoning M.D

Address: Salisbury Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83618